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REMARKS
2020 JUN 15 AM 7:40
JEANNE A. NAUGHTON
BY: 

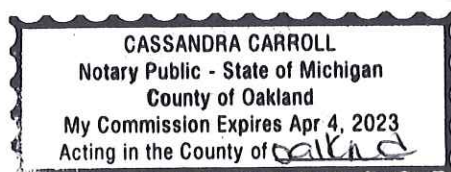
Fill in this information to identify the case:			
Debtor 1	DORIS ANN EPPS		
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: District of New Jersey (State)			
Case number: 11-38805			

Form 1340 (12/19)	
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS	
1. Claim Information <p>For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.</p> <p>Note: If there are joint Claimants, complete the fields below for both Claimants.</p>	
Amount:	\$ 102.00
Claimant's Name:	MIDLAND CREDIT MANAGEMENT
Claimant's Current Mailing Address, Telephone Number, and Email Address:	350 CAMINO DE LA REINA, #100 SAN DIEGO, CA 92108 Phone number: 877-495-2902 Email address: Mbx_ilms_bankruptcy@mcmcg.com
2. Applicant Information <p>Applicant² represents that Claimant is entitled to receive the unclaimed funds because (<i>check the statements that apply</i>):</p> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court. <input type="checkbox"/> Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means. <input type="checkbox"/> Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator). <input type="checkbox"/> Applicant is a representative of the deceased Claimant's estate. </div>	

¹ The Claimant is the party entitled to the unclaimed funds.
² The Applicant is the party filing the application. The Applicant and Claimant may be the same.
³ The Owner of Record is the original payee.

A

3. Supporting Documentation <input checked="" type="checkbox"/> Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.	
4. Notice to United States Attorney <input checked="" type="checkbox"/> Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address: Office of the United States Attorney District of New Jersey Peter Rodino Federal Building 970 Broad Street, Suite 700 Newark, New Jersey 07102	
5. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date: <u>6-5-2020</u>  _____ Signature of Applicant MELISSA BYRD _____ Printed Name of Applicant Address: <u>350 CAMINO DE LA REINA #100</u> <u>SAN DIEGO, CA 92108</u> _____ _____ _____ Telephone: <u>877-495-2902</u> _____ Email: <u>Mbx_ilms_bankruptcy@mcmcg.com</u> _____	5. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct. Date: _____ _____ Signature of Co-Applicant (if applicable) _____ Printed Name of Co-Applicant (if applicable) Address: _____ _____ _____ _____ Telephone: _____ _____ Email: _____ _____



Cassandra Carroll
6-5-2020

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

MIDLAND CREDIT MANAGEMENT
350 CAMINO DE LA REINA #100
SAN DIEGO, CA 92108
877-495-2902
MELISSA BYRD

In Re:
DORIS ANN EPPS

Case No.: 11-38850
Chapter: 13
Judge: Stacey L. Meisel

**ORDER GRANTING APPLICATION FOR
PAYMENT OF UNCLAIMED FUNDS**

The relief set forth on the following page is **ORDERED**.

On _____, an application was filed for the Claimant(s), MIDLAND CREDIT MANAGEMENT, for payment of unclaimed funds deposited with the court pursuant to 11 U.S.C. § 347(a). The application and supporting documentation establish that the Claimant(s) is entitled to the unclaimed funds; accordingly, it is hereby

ORDERED that pursuant to 28 U.S.C. § 2042, the sum of \$ 102.00 held in unclaimed funds be made payable to MIDLAND CREDIT MANAGEMENT and be disbursed to the payee at the following address:
350 CAMINO DE LA REINA #100
SAN DIEGO, CA 92108

The Clerk will disburse these funds not earlier than 14 days after entry of this order.

Case	Title	Creditor	Amount
[REDACTED]	[REDACTED]	Midland Credit Management Inc	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management, Inc	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management, Inc. as agent for	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management, Inc.	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management, Inc.	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management, Inc.	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management, Inc.	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management, Inc.	[REDACTED]
11-38805	Doris Ann Epps	Midland Credit Management Inc.	102.0
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management Inc.	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]
[REDACTED]	[REDACTED]	Midland Credit Management	[REDACTED]

Refine your search

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

**Marie-Ann Greenberg MAG-1284
Marie-Ann Greenberg, Standing Trustee
30 TWO BRIDGES ROAD
SUITE 330
FAIRFIELD, NJ 07004-1550
973-227-2840
Chapter 13 Standing Trustee**

IN RE:

DORIS ANN EPPS,

Debtor

Case No.: 11-38805 SLM

**NOTICE DEPOSITING UNCLAIMED FUNDS
PURSUANT TO D.N.J. LBR 7067-1**

Marie-Ann Greenberg, Trustee in the above captioned matter, states that the entire amount in the Trustee's Account has been disbursed and that the following funds remain unclaimed. The undersigned shall immediately forward a check to the Court in the amount of \$102.00, payable to the Clerk, United States Bankruptcy Court. The party entitled to said funds is listed below together with the last known address and other additional information.

Payee Name & Address: MIDLAND CREDIT MANAGEMENT INC
8875 AERO DR
SAN DIEGO, CA 92123

Amount: \$102.00

Trustee Claim Number: 13

Court Claim Number: 5

Reason: Checks have been returned as undeliverable

Dated: November 17, 2016

By: /S/ Marie-Ann Greenberg
MARIE-ANN GREENBERG
CHAPTER 13 STANDING TRUSTEE

B10 (Official Form 10) (4/10)

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY		PROOF OF CLAIM
Name of Debtor Doris A. Epps		Case Number 11-38805-DHS-13
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property) Midland Credit Management, Inc.		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: (If known) Filed on: _____
Name and address where notices should be sent: Midland Credit Management, Inc. 8875 Aero Drive, Suite 200 San Diego, CA 92123 Telephone number: 800-825-8131 Ext. 32986		
Name and address where payment should be sent (if different from above): Midland Credit Management, Inc. 8875 Aero Drive, Suite 200 San Diego, CA 92123 Telephone number: 800-825-8131 Ext. 32986		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 639.12 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$11,725),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,600* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). Amount entitled to priority: \$ _____ <i>* Amounts are subject to adjustment on 4/1/13 and every 3 years thereafter with respect to case commenced on or after the date of adjustment.</i>
2. Basis for Claim: Credit Card (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 9474/805733 3a. Debtor may have scheduled account as: Columbus Bank And Trust (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ Basis for perfection: Amount of Secured Claim: \$ Amount Unsecured: \$		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, explain:		
Date: 10/11/2011	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="display: flex; justify-content: space-between;"> /s/ Michael Aiken ecfnotices@ascensioncapitalgroup.com </div>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Case 11-38805-SLM Claim 5-1 Part 2 Filed 10/21/11 Desc Exhibit Contract and/or Title Page 1 of 1

Program: BK0621R
User: PRODUCTION

Report Date: 10/07/2011
Report Time: 19:00:00

Customer Additional Data Information

Issuer Information

Purchased From: COLUMBUS BANK AND TRUST on 11/04/2005. Purchase Balance: \$1,170.45

Account Number: XXXXXXXXXXXXXXXX9606 DORIS F EPPS

Open Date: 05/13/2004 MCM Account Number: XXXXXXXXXXXXXXXX9474

Last Payment

Date 02/14/2005

Amount \$0.00

Interest Rate: 22.00

Product Type: Visa or Mastercard

Charged Off Date: 09/22/2005

MCM Information

Balance Information

TOTAL DUE NOW

\$639.12

Payment Information

Last Payment

Date: 08/21/2008

Amount: \$0.00

General Information

Date of Occurrence: 03/26/2005

Interest Amount

\$0.00

First Due Date:

Next Due Date:

State Statute

Expiration Date: 08/21/2014

Unpaid Balance

\$639.12

Monthly Due Day: 00

Down Payment

Amount: \$0.00

Days Left in Statute: 1049

Last Worked By: ACG

On: 08/14/2006

Interest Rate

15.00

Monthly Payment

Amount: \$0.00

Site: SAN DIEGO

Deceased Date:

Interest Paid

Through Date

08/13/2006

Settlement

Amount: \$0.00

Investor Number: 1323

Open/Closed: 0

Interest Method

Interest accrued from charge-off date

Days Delinquent: 0000

Payments Delinquent: 0000

Times Delinquent: 0000

(Corporate seal)

If applicable)



Signature of creditor/successor

Printed creditor's/successor's name

PO Box 2011 Warren, MI 48090

Creditor's/successor's address

STATE OF MICHIGAN, COUNTY OF Oakland

On 6-5-2020 before me, personally appeared (insert name and title of the signer)
Melissa Byrd Assistant Secretary

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires on

4-4-2023

CASSANDRA CARROLL
Notary Public - State of Michigan
County of Oakland
My Commission Expires Apr 4, 2023
Acting in the County of Oakland

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. MIDLAND CREDIT MANAGEMENT, INC.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <u>5</u> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. 350 CAMINO DE LA REINA, SUITE 100	6 City, state, and ZIP code SAN DIEGO, CA 92108
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									
4	8	-	0	5	8	1	7	3	3

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ►

[Signature]

Date ►

11/30/2020

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

AO 213
(Rev. 08/13)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS
Accounting and Financial Systems Division

VENDOR INFORMATION/TIN CERTIFICATION
Mandatory Information that MUST be provided before submission

<input type="checkbox"/> Ex-AO Employee
<input type="checkbox"/> SAM Vendor (Formerly CCR)
(No TIN Certification Required)

Vendor Address Select all that apply <input type="checkbox"/> Order <input checked="" type="checkbox"/> Remit <input type="checkbox"/> 1099	Other Address (If different from Vendor Address) Select all that apply <input type="checkbox"/> Order <input type="checkbox"/> Remit <input type="checkbox"/> 1099
Name: Midland Credit Management Inc	Address:
Business Name: (If different from above)	City:
Address 1: 350 Camino De La Reina Ste 100	State: Zip Code:
Address 2:	Phone #:
City: San Diego	Description: (If needed)
State: CA Zip Code: 92103	
Phone #: 877-495-2902 E-mail: Mbx_ilms_bankruptcy@mc mcg.com	
Taxpayer Identification #: 48-0581733 (TIN, SSN, or EIN number)	
DUNS #	
Financial Information (If Requested)	
Bank Name:	Routing # (this nine digit number appears on your checks, but do not include individual check numbers):
City:	Account #:
State: Zip Code:	Type of Account: (select one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Type of Organization for 1099 reporting:

- | | |
|--|---|
| <input type="checkbox"/> sole proprietorship; | <input type="checkbox"/> partnership; |
| <input checked="" type="checkbox"/> corporate entity (not tax-exempt); | <input type="checkbox"/> corporate entity (tax-exempt); |
| <input type="checkbox"/> health care provider; | <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> government entity (write in either federal, state or local) | _____ |

Taxpayer Identification Number Certification

Under penalties of perjury, I certify that:

1. The Taxpayer Identification Number listed in the Vendor Address area above is the correct number assigned to me, and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to the backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

☐ You must select this check box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you make a false statement with no reasonable basis that results in no backup withholdings, you are subject to a \$500 penalty. Willfully falsifying certifications or affirmations on this form may subject you to criminal penalties including fines and/or imprisonment.

AO 213
(Rev. 08/13)

Definitions:

"Taxpayer Identification (TIN, SS, or EIN number)" is the number required by the Internal Revenue Service (IRS) to be used in reporting income tax and other returns. The TIN may be either a social security number (SSN) or an employer identification number (EIN).

"U.S. person" means:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States.

The TIN, as well as the information above is required in order to comply with debt collection requirements of 31 U.S.C. §§ 7701(c) and 3325(d), reporting requirements of 26 U.S.C. §§ 6041 and 6041A, and implementing regulations issued by the IRS. Failure or refusal to furnish this information may result in 28 percent backup withholding on any payments otherwise due under any awarded contract or purchase order.

The TIN may be used by the government to collect and report on any delinquent amounts arising out of the vendor's relationship with the government (31 U.S.C. § 7701(c)(3)). The TIN provided may be matched with IRS records to verify its accuracy.

Complete this section only if a TIN was not provided on page one, and select closest reason why not:

- ☐ The vendor is a nonresident alien, foreign corporation or foreign partnership that does not have income effectively connected with the conduct of a trade or business in the United States and does not have an office or place of business or a fiscal paying agent in the United States;
- ☐ The vendor is an agency or instrumentality of a foreign government;

**Additional information required for vendors used for procurement
(purchase orders, contracts, etc.)**

Indicate which, if any, of the following categories are applicable. These categories require that the vendor is 51% owned and the management and daily operations are controlled by one or more members of the selected socio-economic group:

- ☐ Women Owned Business
- ☒ Not Applicable
- ☐ Minority Owned Business (If yes, select one of the owner's race/ethnicity selections from below):
 - ☐ Asian-Pacific American
 - ☐ Black American
 - ☐ Subcontinent Asian (Asian-Indian)/American
 - ☐ Hispanic American
 - ☐ Native American
 - ☐ Other: _____

Date: 6-5-2020

[Signature]
Vendor's signature

For Agency Use Only

The vendor name and DUNS number is all that is required for registered System for Award Management (SAM) vendors (formerly CCR). (Check www.sam.gov for registration status.) Do not use this form for purchase card merchants.

Mark Boxes that apply: ☐ Addition ☐ Change ☐ Vendor Code: _____ (make entry only if change)
☐ Active ☐ Inactive ☐ Vendor Type: _____

The following information is optional for individuals whose name and telephone are already on the form:

Contact Name: _____
Telephone Number: _____ Email: _____

Identification of person making this request:

Name: _____
Telephone Number: _____ Originating Office: _____

Please type or print clearly.

For "AO" FAS4T Users only, e-mail the completed form to: AODB.OFB.ClientServiceDesk@DOJ.AO.USCOURTS. For questions regarding AOFAS4T the Client Service Desk can be contacted at (202) 502-2242.
For "Court" FAS4T Users, send this form to the local Vendor Administrator. For questions regarding Court FAS4T please contact SDSD at (210) 301-6320.

This form should be completed with signature by the vendor and submitted by Judiciary staff only.
Sensitive information must be securely maintained and only visible to the appropriately designated financial employee.

**Midland Credit Management, Inc.
Officer's Certificate**

May 30, 2018

Gregory L. Call, Executive Vice President and Corporate Secretary of Midland Credit Management, Inc. (the "Company") hereby certifies that the individual listed below is an officer of the Company and is duly authorized to request unclaimed/undeposited bankruptcy funds on behalf of the Company.


Name

Melissa Byrd

Title

Assistant Secretary

IN WITNESS WHEREOF, I have signed this certificate on the date set forth above.


Name: Gregory L. Call
Title: Executive Vice President & Corporate Secretary

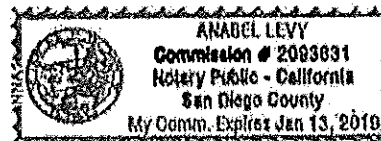
State of California
County of San Diego

On May 30, 2018 before me, Anabel Levy, notary public personally appeared Gregory L. Call, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature  (Seal)



**WRITTEN CONSENT OF THE BOARD OF DIRECTORS
OF
MIDLAND CREDIT MANAGEMENT, INC.**

June 14, 2017

Pursuant to Section 17-6301(f) of the Kansas Code, the undersigned, being all of the directors of Midland Credit Management, Inc., a Kansas corporation (the "Company"), do hereby waive notice and consent to the adoption of the following resolutions, which resolutions shall be deemed to be adopted as of the date hereof to the same extent and to have the same force and effect as if such resolutions were adopted by a unanimous vote of the Board of Directors (the "Board") of the Company at a duly convened meeting held for such purpose:

WHEREAS, the Company previously resolved to elect certain person to serve as officers of the Company, pursuant to certain Actions by Written Consent of the Board of Directors of the Company, and the Company desires to update such authorities by replacing such resolutions as set forth below.

Removal of Officers

RESOLVED, that each of the following persons be, and hereby is, removed from the office of the Company set forth opposite his or her name, effective as of the date hereof:

Kenneth A. Vecchione	-	Chief Executive Officer
Adam Sragovicz	-	Assistant Treasurer
Karen Chen	-	Assistant Secretary
Kevin Wiesner	-	Assistant Secretary

Appointment of Officers

RESOLVED, that each of the following persons be, and hereby is, appointed to the office of the Company set forth opposite his or her name, effective as of the date hereof, to serve in such capacity until his or her successor shall be duly elected or until his or her earlier death, resignation or removal:

Ashish Masih	-	President and Chief Executive Officer
Jonathan Clark	-	Executive Vice President, Chief Financial Officer and Treasurer
Paul Grinberg	-	President, International
Greg Call	-	Senior Vice President and Corporate Secretary
Amy Anuk	-	Senior Vice President, Business Development
Barbara Kennedy	-	Senior Vice President, Human Resources
Carl Eberling	-	Senior Vice President, Information Technology, and Chief Information Officer
John Yung	-	Senior Vice President, Strategy

Kaushik Kundu	-	Senior Vice President, Internal Operations Collections
Ryan Bell	-	Senior Vice President, Legal Collections Operations
Sheryl Wright	-	Senior Vice President, Government Affairs
Scott Goverman		Vice President, Corporate Development & Treasury and Assistant Treasurer
Ann Gill	-	Vice President, Chief Accounting Officer and Assistant Treasurer
J. Mark Warner	-	Vice President, Tax, and Assistant Treasurer
Andrew Asch	-	Vice President, General Counsel, Assistant Secretary
Marni Heintz	-	Assistant Treasurer
Brittany Lederman	-	Assistant Secretary
Chris Perdue	-	Assistant Secretary
David Snyder	-	Assistant Secretary
Erin Funderburk	-	Assistant Secretary
Greg Gerkin	-	Assistant Secretary
Kyle Smith	-	Assistant Secretary
Matt Jubenville	-	Assistant Secretary
Melissa Byrd	-	Assistant Secretary
Michael Chin	-	Assistant Secretary
Nayri Rita Melconian	-	Assistant Secretary
Stelios Harris	-	Assistant Secretary

FURTHER RESOLVED, that the Board hereby authorizes the Secretary of the Company to appoint any additional assistant treasurers, assistant secretaries or authorized representatives as the Secretary may deem necessary, desirable or advisable, and that the Secretary be, and hereby is, authorized, empowered and directed, in the name and on behalf of the Company to annex the resolutions of such appointments to these resolutions, and thereupon such resolutions shall be deemed the resolutions of the Board as if set forth herein;

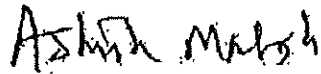
FURTHER RESOLVED, that all actions taken by such officers on behalf of the Company prior to the date on which such persons were appointed to such officers that are within the authority conferred by these resolutions be and hereby are ratified and approved.

FURTHER RESOLVED, that all actions taken by such officers on behalf of the Company prior to the date on which such persons were appointed to such officers that are within the authority conferred by these resolutions be and hereby are ratified and approved.

FURTHER RESOLVED, that the actions taken by this Consent shall have the same force and effect as if taken by the undersigned at a meeting duly called and constituted pursuant to the Company's organizational documents and applicable law.

FURTHER RESOLVED, that this Action by Written Consent of the Board of Directors may be executed in any number of counterparts, each of which shall be deemed an original and all of which when taken together shall constitute a single original consent.

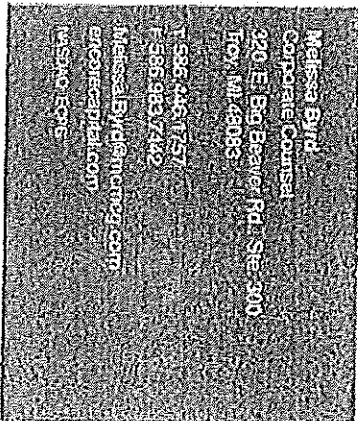
IN WITNESS WHEREOF, the undersigned have executed this Action by Written Consent of the Board of Directors as of the date first set forth above.



Ashish Masih



Jonathan Clark



LIMITED POWER OF ATTORNEY

Midland Credit Management, Inc., a Kansas corporation (the "Company") hereby makes, constitutes and appoints Melissa Byrd, an Assistant Secretary of the Company, (the "Grantee"), its true and lawful attorney-in-fact, and hereby authorizes and empowers Grantee, in the name of and on behalf of the Company, to have full power and authority to take any and all lawful acts which she may deem necessary or desirable to request and collect unclaimed/undeposited bankruptcy funds on behalf of the Company (the "Transactions"), including, but not limited to:

1. Execute, acknowledge, deliver, on behalf of the Company all agreements, documents, reports, filings, instruments, certificates and opinions required in connection with the Transactions;
2. Do and perform any and every act required, necessary or proper to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as the Company might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that such attorney-in-fact shall lawfully do or cause to be done by virtue of this Limited Power of Attorney and the rights and powers herein granted.

This Limited Power of Attorney is effective immediately and will continue until it is revoked.

The undersigned has the authority to grant this Limited Power of Attorney consistent with his appointment as Executive Vice President, Chief Financial Officer and Treasurer of the Company pursuant to resolutions of the board of the Company dated June 14, 2017.

[SIGNATURE PAGE FOLLOWS]

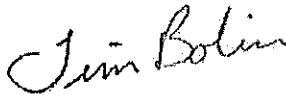
IN WITNESS WHEREOF, the undersigned has executed this Limited Power of Attorney as of this 14 day of June 2018.

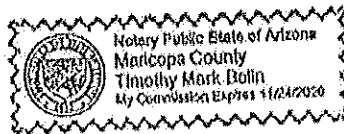
Midland Credit Management, Inc.

By 

Name: Jonathan Clark

Title: Executive Vice President, Chief
Financial Officer and Treasurer





**WRITTEN CONSENT OF THE BOARD OF DIRECTORS
OF
MIDLAND CREDIT MANAGEMENT, INC.**

February 17, 2020

Pursuant to Section 17-6301(f) of the Kansas Code, the undersigned, being all of the directors of Midland Credit Management, Inc., a Kansas corporation (the "Company"), do hereby waive notice and consent to the adoption of the following resolutions, which resolutions shall be deemed to be adopted as of the date hereof to the same extent and to have the same force and effect as if such resolutions were adopted by a unanimous vote of the Board of Directors (the "Board") of the Company at a duly convened meeting held for such purpose:

WHEREAS, the Company previously resolved to elect certain person to serve as officers of the Company, pursuant to certain Actions by Written Consent of the Board of Directors of the Company, and the Company desires to update such authorities by replacing such resolutions as set forth below.

Removal of Officers

RESOLVED, that each person, other than those listed below under Appointment of Officers, be, and hereby is, removed from the office of the Company.

Appointment of Officers

RESOLVED, that each of the following persons be, and hereby is, appointed to the office of the Company set forth opposite his or her name, effective as of the date hereof, to serve in such capacity until his or her successor shall be duly elected or until his or her earlier death, resignation or removal:

Ryan Bell	President
Jonathan Clark	Executive Vice President, Chief Financial Officer and Treasurer
Greg Call	Executive Vice President and Corporate Secretary
Monique Dumais-Christope	Chief Information Officer
Mike Merle	Senior Vice President and Chief Administrative Officer
Darin Herring	Senior Vice President, Operations - Americas
Kaushik Kundu	Senior Vice President, Strategy & Analytics and Chief Analytics Officer
Sheryl Wright	Senior Vice President, External Affairs
Scott Goverman	Managing Vice President, Corporate Development & Treasury and Assistant Treasurer
J. Mark Warner	Vice President, Tax, and Assistant Treasurer
Andrew Asch	Managing Vice President, General Counsel, Assistant Secretary
Michael Hurley	Assistant Treasurer

FURTHER RESOLVED, that each employee of the Company assigned
LGL – Transactions, LGL – Legal & Regulatory, LGL – Litigation, LGL –

Bankruptcy, LC – IL Legal, LC – LO Legal and LC – Production and Operations (the "Applicable Departments") (1) who is a licensed attorney or (2) who has a title of "Paralegal Manager" and above, "Legal Assistant" and above, "Legal Specialist" and above, or "Lead Specialist" and above, be and hereby is appointed to serve as an Assistant Secretary of the Company, until his or her successor shall be duly elected and qualified or until his or her earlier death, resignation or removal;

FURTHER RESOLVED, that each employee of the Company assigned to any of the Applicable Departments (1) who is a licensed attorney or (2) who has a title of "Paralegal" and above, "Legal Assistant" and above, "Legal Specialist" and above, "Lead Specialist" and above, or "Vendor Specialist" and above, be, and hereby is an "Authorized Representative" of the Company and is authorized to sign on behalf of the Company, as agents thereof, affidavits, declarations, verifications, or similar documents related to litigation matters involving the Company ("Litigation Documents") and is authorized to testify on behalf of the Company;

FURTHER RESOLVED, that each employee of the Company, assigned to any of the Applicable Departments who has a title of "Legal Administrative Assistant" and above hereby is an Authorized Representative of the Company and is authorized to sign Litigation Documents on behalf of the Company, as agents thereof;

FURTHER RESOLVED, that each employee of the Company with a title of "Specialist" and above, or any variation thereof, assigned to the Consumer Support Services department be, and hereby, is appointed as an Authorized Representative of the Company and is authorized to exercise powers, including investigating and responding to regulatory complaints until such time as he or she is no longer an employee of the Company;

FURTHER RESOLVED, that each employee of the Company with a title of "Process Excellence Manager" and above, or any variation thereof, assigned to Operations Risk Management be, and hereby is an Authorized Representative of the Company and is authorized to sign on behalf of the Company all Litigation Documents and is authorized to testify on behalf of the Company;

FURTHER RESOLVED, that the Board hereby authorizes the Secretary of the Company to appoint any additional assistant treasurers, assistant secretaries or authorized representatives as the Secretary may deem necessary, desirable or advisable, and that the Secretary be, and hereby is, authorized, empowered and directed, in the name and on behalf of the Company to annex the resolutions of such appointments to these resolutions, and thereupon such resolutions shall be deemed the resolutions of the Board as if set forth herein;

FURTHER RESOLVED, that all actions taken by such officers on behalf of the Company prior to the date on which such persons were appointed to such officers that are within the authority conferred by these resolutions be and hereby are ratified and approved; and

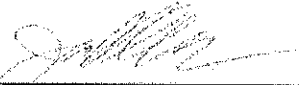
FURTHER RESOLVED, that this Action by Written Consent of the Board of Directors may be executed in any number of counterparts, each of which shall be deemed an original and all of which when taken together shall constitute a single original consent.

[Remainder of Page Intentionally Left Blank]

IN WITNESS WHEREOF, the undersigned have executed this Action by Written Consent of the Board of Directors as of the date first set forth above.

Ashish Masih

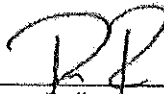
Ashish Masih



Jonathan Clark



Gregory Call



Ryan Bell